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Dear Setimes

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: American Virtual High Schrol, Inc
2. The principal office address: 6750 Ken broke Load, Hollywood, Fe
33023
3. The mailing address (if different):
4. Date of incorporation/qualification: 13102 Document number: P02006116
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Edger J. Gomzalez E. B.
Edger J. Gonzalez  6750 Pembroke Road
Hollywood, Fr 33023 PG 3 1
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
<u>Dana Williams</u>
(P.O. Box NOT acceptable)
Dave, Fr 33328
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Edgar J. Gonzalez (Signature of an officer or director)  Edgar J. Gonzalez (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
January 3/17/05
(Date)
If signing on behalf of an entity:
American Vintual Highschool
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*